

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

5. PAY PERIOD

T

MO

YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:
EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCED IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE			PT	TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR		DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM THROUGH

a. EMPLOYEE ON NDI FROM _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT:

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE
WAS _____


d. EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
SUPPL				
NDI	T			
IDL/S				
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS STD. 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 _____
13. CONTACT PERSON (If other than authorized signature)

14. TELEPHONE NUMBER (Include area code) _____